

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No. RP9-99-111

In Re Application of:

RAVI S. ADAPATHYA, ET AL.

Examiner:

Serial No.

Art Unit:

Filed: **HEREWITH**

For: **ASYMMETRICAL COMPUTER MOUSE DESIGN
WITH EXTENDED THUMB BUTTON**

TRANSMITTAL LETTER

Box: Patent Application

Asst. Commissioner of Patents

Washington, D.C. 20231

Dear Sir:

Enclosed herewith for filing in the above-identified case are:

- Specification;
- Five (5) sheets of drawings;
- Declaration and Power of Attorney;
- Recordation Form Cover Sheet;
- Patent Application Assignment;
- Authorization to Charge IBM CORPORATION
Deposit Account 50-0563; and
- Our return postcard, which we would appreciate your date stamping and returning to us upon receipt.

"EXPRESS MAIL" NO. EL316136826US

I hereby certify that this paper or fee is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Date of Deposit: 9.24.99

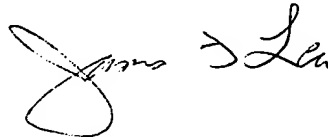
By: J. J. Mathan

The total filing fee has been calculated as follows:

Filing Fee	=	\$760.00
2 Add'l Indep. Claims Over 3 (2 @ \$78.00 each)	=	\$156.00
21 Add'l Dep. Claims Over 20 (21 @ \$18.00 each)	=	\$378.00
Assignment	=	\$40.00
Total filing fee	=	\$1,334.00

I hereby authorize the Assistant Commissioner to charge these fees and any additional fees which may be required, or credit any overpayment to IBM CORPORATION Deposit Account No. 50-0563. A duplicate copy of this letter is enclosed.

Respectfully submitted,



James F. Lea, III
Reg. No. 41,143
FELSMAN, BRADLEY, VADEN,
GUNTER & DILLON, LLP
One Riverway, Suite 1100
Houston, Texas 77056
(713)961-3525

Date: 9-24-99

ATTORNEY FOR APPLICANTS

☒ New Application for ☒ Patent ☐ Trademark
☒ Reg. App. ☐ Prov. ☐ Conversion w/priority: ☐ Yes ☐ No
☐ Continuation ☐ CIP ☐ Divisional ☐ PCT
☐ Foreign Priority claimed 15 Pages of Specification
☒ Number of Claims 5 Sheets of Drawings ☒ Abstract
☒ Declaration ☒ Power of Attorney ☐ Check \$
☒ Authorization to charge Deposit Account (50-0363)
☒ Assignment ☐ Small Entity Statement ☐ Info. Disc. State.
☐ Amendment ☐ Issue Fee ☐ Formal Drawings
☐ Other

Inventor ADAPATHYA, ET AL.
Client IBM
Title "ASYMMETRICAL COMPUTER MOUSE
DESIGN W/ EXTENDED THUMB BUTTON"
Serial No. Express Mail No. EL316136826US
Due Date Mailed Atty JEB/MEN
Docket No. RP9-99-111 Matter No. 31106

☒ New Application for ☒ Patent ☐ Trademark
☒ Reg. App. ☐ Prov. ☐ Conversion w/priority: ☐ Yes ☐ No
☐ Continuation ☐ CIP ☐ Divisional ☐ PCT
☐ Foreign Priority claimed 15 Pages of Specification
☒ Number of Claims 5 Sheets of Drawings ☒ Abstract
☒ Declaration ☒ Power of Attorney ☐ Check \$
☒ Authorization to charge Deposit Account (50-0363)
☒ Assignment ☐ Small Entity Statement ☐ Info. Disc. State.
☐ Amendment ☐ Issue Fee ☐ Formal Drawings
☐ Other

Inventor ADAPATHYA, ET AL.
Client IBM
Title "ASYMMETRICAL COMPUTER MOUSE
DESIGN W/ EXTENDED THUMB BUTTON"
Serial No. Express Mail No. EL316136826US
Due Date Mailed Atty JEB/MEN
Docket No. RP9-99-111 Matter No. 31106



BEST AVAILABLE COPY



* E L 3 1 6 8 2 6 U S *

9.24.99



EL316136826US

POST OFFICE TO ADDRESSEE

UNITED STATES POSTAL SERVICE™

ORIGIN (POSTAL USE ONLY)				DELIVERY (POSTAL USE ONLY)			
PO ZIP Code	Day of Delivery <input type="checkbox"/> First <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>		Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Date In	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$		Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Mo. Day Year	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Day	Return Receipt Fee \$		Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Weight <input type="checkbox"/> AM <input type="checkbox"/> PM	Int'l Alpha Country Code	COD Fee	Insurance Fee	Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$		Signature of Addressee or Agent			
CUSTOMER USE ONLY				Name - Please Print			
METHOD OF PAYMENT: Express Mail Corporate Acct. No. X761633				X			

☐ **WAIVER OF SIGNATURE** (Domestic Only: Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent. If delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

☐ **NO DELIVERY**

Weekend ☐ Holiday ☐

Customer Signature

FROM: (PLEASE PRINT) PHONE: ()

FELSMAN BRADLEY VADEN GUNTER
1 RIVERWAY STE 1100
HOUSTON TX 77056-1920
(22264)
RD9-99-111

TO: (PLEASE PRINT) PHONE: ()

ASST COMMISSIONER OF
PATENTS & TRADEMARKS
BOX 241
WASHINGTON DC 20231-9998

PRESS HARD. You are making 3 copies.

FOR PICKUP OR TRACKING CALL 1-800-222-1811 WWW.USPS.GOV

Mailing Label 11-F July 1997

142 / 20
FY

BEST AVAILABLE COPY